

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046324

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 77Primary Registration District No. 5203Registrar's No. 483

STATE FILE NUMBER

FILED DEC 21 1962

1. PLACE OF DEATH

a. COUNTY Coleb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson CityLength of stay in lb
61 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Route #5Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Colec. CITY
OR
TOWN Jefferson City, Mo.Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS
Route #5Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Paul

Middle

Henry

Last

Schwartz4. DATE
OF
DEATH

Month

Day

Year

December 16, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

2-25-190161

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

State Public Works

11. BIRTHPLACE (City and state or country)

Jefferson City, Mo., USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward J. Schwartz

13b. MOTHER'S MAIDEN NAME

Eda F. Knaup

14. NAME OF HUSBAND OR WIFE

Esther Schwartz15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

17. INFORMANT

Address

Esther Schwartz, Jefferson City, Mo.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

? Acute Myocardial InfarctionINTERVAL BETWEEN
ONSET AND DEATH
ImmediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Diabetes MellitusPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

September 1962Dec 17, '62and last saw him alive on approx Dec 1.

Death occurred at

6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. S. Sander MD

22b. ADDRESS

575 E. High - Jefferson City, Mo.

22c. DATE SIGNED

12/17/6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

12-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Jefferson City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gideon N. Houser, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

17 December 1962

26. REGISTRAR'S SIGNATURE

R. H. Harris MD - Richter App

DEC 26 1962
DEC 27 1962

JAN 15 1963

JUN 1 1963

DEC 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.